BEST AVAILABLE COPY

| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | RD Application or Docket Number | | | | | |
|---|--|-----------------------------|--------------------------------|---------------------------------|----------|--|---------------------------------|----------------|---------------------------------|-------|-----------------------|--------|--------------------|------------------------|
| L | | | Effec | tive Nov | ember | r 10, 199 | 98 | | | | 10 | 10 | 001 | 81 |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | 7 | SMAL | | NTITY | OR | | R THAN ENTITY | |
| FOR | | | NUMBER FILED NUMB | | | NUMBER | EXTRA | RATE | | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | | | | | 3 80.00 | OR | | 760.00 |
| T | OTAL CLAIMS | minus 20= * | | | * | | | X \$ 9: | = | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | | | X 39= | | | OR | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +130= | | | OR | | | | |
| * 1 | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | - | ······ | OR | TOTAL | |
| , | CLAIMS AS AMENDED - PART II | | | | | | | | | ۲ ۲ | | JOH | OTHER | THAN |
| | 16/05 | (Colu | umn 1) | • | | | olumn 2) (Column 3) | | | LE | NTITY | ÖR | | ENTITY |
| AMENDMENTA | | REM. | AIMS AINING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | · | RATE | | ADDI- TONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total_ | . 3 | 9 | Minus | ** | 45 | = | | X \$ 9= | | | OR | X\$18= | |
| | Independent | * | 9 | Minus | *** | <u> </u> | = | ľ | X 39= | 1 | /- | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPI | | | | PEND | | | | +130= | 1 | / | | +260 <i>≠</i> | |
| | | | | | | | | L | TOTA | | | OR | 701AL | |
| <i>.</i> | (Column 1) (Column 2) (Column 3) | | | | | | | | ODIT. FE | ĔĹ | | OR | ADDIT. FEE | |
| AMENDMENT B | | REMA AF | NMS NNING TER DMENT | | FR | HIGHEST NUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | T | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | - | Minus | ** | | = | Ī | X\$ 9= | | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | - | X 39= | ╁ | | ı | X78= | |
| ۷ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 705= | ╀ | | OR | | 1 |
| • | . . . | | | | | | | L | +130= | | · · | OR | +260= | |
| | | | | | ··· . | | | A | TOTAL DDIT. FEĘ | | | OR , | TOTAL ODIT. FEE | |
| | | (Colu | | · | | olumn 2) | (Column 3) | | | | | | | |
| ENTC | | CLA REMA AFT AMENI | INING ER | | PRE | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | Π | DDI- ONAL FEE | | RATE | ADDI- TIONAL FEE |
| MEN | Total | * - | | Minus | ** | | = | | X\$ 9= | T | | OR' | X\$18= | |
| | Independent | * | • | Minus | *** | | = | - | X39= | 1 | | ŀ | X78= | |
| ٢ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | - | | ╁─ | | OR | | |
| | • With a color to a column of the least than the color to a column Colum | | | | | | | | | | (| OR | +260= | |
| If the entry In column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | | | |
| ·. T | the Highest Num he Highest Numl | per Previo | ously Paid xusly Paid | ici for IN IH For (Total o | r Indepe | endent) is the | i a, enter a. highest number | | • | | riate box | | | |